

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040762

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 2047

Registrar's No. 144

STATE FILE NUMBER

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY

Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Neosho

Length of stay in 1b:  
31 Yrs.

c. CITY  
OR TOWN Neosho

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1020 Melody Lane.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1020 Melody Lane

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
George Acon Robertson

4. DATE OF DEATH  
Month Day Year  
October 28, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11/22/84

9. AGE (last birthday)  
78

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY  
Farmer

11. BIRTHPLACE (City and state or country)  
Newton Co. Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

James D. Robertson

13b. MOTHER'S MAIDEN NAME

Nancy Weems

14. NAME OF HUSBAND OR WIFE

Oral Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Oral Robertson, Neosho Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Myocardial Infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-25-63 to 10-28-63 and last saw him alive on 10-28-63  
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. D. Dabbs C.D.

22b. ADDRESS

113 W. Hickory St.  
Neosho, Missouri

22c. DATE SIGNED

11-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-31-1963

23c. NAME OF CEMETERY OR CREMATORY  
Macedonia

23d. LOCATION (City, town, or county) (State)  
Newton County Missouri

24. FUNERAL DIRECTOR

ADDRESS

Thompson Funeral Home, Neosho Mo.

25. DATE RECD. BY LOCAL REG.

10-31-63

26. REGISTRAR'S SIGNATURE

Maydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Corey Thompson Sr  
Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.